

Name of applicant: _____

Social Security number: _____

4 Service and salary verification (to be completed by payroll officer)

Instructions to the payroll officer: The member of the Massachusetts Teachers' Retirement System named on page 1 of this application form has applied to purchase credit for his or her service rendered in your school. At this time, the member and the MTRS respectfully request that you please:

1) **Verify** that the applicant was employed in your public school during the period as indicated on page 1 of this form.

2) **Report** the applicant's employment details as requested below.

If you have any questions, please feel free to contact an MTRS Member Services representative in our main office, at 617-679-MTRS. After you have completed this section, please return the form to the applicant for forwarding to us. Thank you for your assistance!

a) During the applicant's period of substitute, temporary or part-time service, below, did he or she contribute to any MA contributory retirement system? ☐ Yes ☐ No

If "yes," please identify the system.

b) Please report the applicant's service with your school. Please list the service in chronological order, beginning with the oldest service and ending with the most recent service. Please report ALL past substitute, temporary or part-time service with your district.

■ SERVICE RENDERED ON A DAILY OR HOURLY BASIS

Month/year in which service was rendered	Member's position title	Number of DAYS worked	Daily rate	OR	Number of HOURS worked	Hourly rate	Actual gross amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

If necessary, please list additional service on the following page and check this box. ☐

■ SERVICE PAID ON AN ANNUAL RATE (RENDERED UNDER THE TERMS OF AN ANNUAL CONTRACT)

Period during which service was rendered From To	Member's position title	Number of days worked	Employment status % of full-time	Annual contract rate	Actual gross amount paid
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

I certify that the information I have provided above is true and accurate to the best of my knowledge.

Signature Date

Name (please print)

Title

Name of school

Address

Phone Fax

Website address (URL) E-mail

Social Security number: _____

MA substitute, temporary or part-time service

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OR